

CERTIFIED TRUE COPY

RECEIVED AND FILED  
WITH THE  
N.J. BOARD OF DENTISTRY  
ON 6-10-96 cm

DEBORAH T. PORITZ  
ATTORNEY GENERAL OF NEW JERSEY

By: Kathy Rohr  
Deputy Attorney General  
Division of Law, 5th Floor  
124 Halsey Street  
P.O. Box 45029  
Newark, New Jersey 07102  
Tel: (201) 648-4735

STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC  
SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF DENTISTRY  
DOCKET NO.

In the Matter of	)	
	)	
YVONNE CALLAS, D.M.D.	)	Administrative Action
	)	
Licensed to Practice Dentistry)		CONSENT ORDER
in the State of New Jersey )		
_____ )		

This matter was opened to the New Jersey State Board of Dentistry ("Board") upon receipt of a patient complaint from Roberta Levinson concerning dental treatment performed by Yvonne Callas, D.M.D., consisting, in pertinent part, of root canal therapy and a crown on tooth #3, a crown on tooth #4, and root canal therapy, post and core, and a crown on tooth #29. The Board reviewed the entire record in this matter including the patient's charts, the respondent's narrative response, the records of subsequent treating dentists, and additional information acquired at the investigative inquiry attended by the respondent with her counsel, John Paul Dizzia, Esq., on April 17, 1996. It appears to the Board that the root canal on tooth #3 was not filled to the apex, the post and core was inadequate in that it was too short,

the first crown prepared for tooth #3 contained open margins and decay, and the second crown on tooth #3 had open contacts allowing food to irritate the area with decay still existing on the distal. In addition, the crown on tooth #4 had an overhang, and the post on tooth #29 was too short.

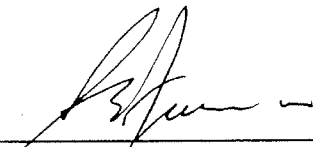
It appearing that the respondent wishes to resolve this matter without recourse to formal proceedings and for good cause shown;

IT IS ON THIS <sup>5<sup>th</sup></sup> DAY OF *June*, 1996,  
HEREBY ORDERED AND AGREED THAT:

1. Respondent shall make restitution to the patient by submitting a certified check or money order made payable to Roberta Levinson in the amount of One Thousand Eight Hundred and Fifty (\$1,850.00) Dollars (tooth #3: root canal therapy - \$495.00, post and core - \$185.00, crown - \$585.00; tooth #4: crown - \$585.00). The restitution shall be submitted to the Board of Dentistry no later than the first day of the month following the entry date of this Order.

2. Respondent shall cease and desist the performance of molar root canal therapy until she has successfully completed seven (7) hours of continuing education in post and core dentistry and seven (7) hours of continuing education in molar root canal therapy. In addition, the respondent shall successfully complete fourteen (14) hours of continuing education in basic crown and bridge dentistry. These courses shall be approved by the Board in writing prior to attendance utilizing the attached Pre-Approval

Sheet, and the courses must be completed no later than December 31, 1996. Respondent also shall be required to complete the attached Continuing Education Report and Proof of Attendance form as proof of successfully completion of the required course work. The attached forms are made a part of the within Order, and a separate form is to be used for each course. Said continuing education ordered herein shall be in addition to, and not a part of, the mandatory continuing education currently required for biennial renewal of dental licensure.

  
\_\_\_\_\_  
SAMUEL FURMAN, D.D.S.  
PRESIDENT  
STATE BOARD OF DENTISTRY

I have read and understand  
the within Order and agree  
to be bound by its terms.  
Consent is hereby given to  
the Board to enter this  
Order.

  
\_\_\_\_\_  
YVONNE CALLAS, D.M.D.



# State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY

DIVISION OF CONSUMER AFFAIRS

BOARD OF DENTISTRY

124 HALSEY STREET, 6TH FLOOR, NEWARK NJ

CHRISTINE TODD WHITMAN  
*GOVERNOR*

## CONTINUING EDUCATION COURSE PRE-APPROVAL SHEET

DEBORAH T. PORITZ  
*Attorney General*  
MARK S. HERR  
*Director*

\*\*\*\*\* ATTACH COURSE DESCRIPTION AND/OR BROCHURE AND SUBMIT AT  
LEAST 30 DAYS PRIOR TO COURSE DATE. THE BOARD CANNOT  
ASSURE APPROVAL FOR COURSES PROVIDED ON SHORT NOTICE.  
A SEPARATE FORM IS TO BE USED FOR EACH COURSE. A COPY  
WILL BE RETURNED TO YOU AFTER APPROVAL OR DENIAL BY THE  
BOARD. \*\*\*\*\*

*Mailing Address:*  
P.O. Box 45005  
Newark NJ 07101  
(201) 504-6405

DENTIST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

NAME OF COURSE \_\_\_\_\_

SPONSOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

\_\_\_\_\_ COURSE PRE-APPROVED BY BOARD DATE \_\_\_\_\_

\_\_\_\_\_ COURSE NOT ACCEPTED BY BOARD DATE \_\_\_\_\_

DATE \_\_\_\_\_

AGNES M. CLARKE  
EXECUTIVE DIRECTOR



## State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
BOARD OF DENTISTRY  
124 HALSEY STREET, 6TH FLOOR, NEWARK NJ

CHRISTINE TODD WHITMAN  
Governor

DEBORAH T. PORITZ  
Attorney General  
MARK S. HEER  
Director

### CONTINUING EDUCATION REPORTS AND PROOF OF ATTENDANCE

All reports should be typewritten. If more than one course is required, this report form may be duplicated. Please complete all sections in the spaces provided. A separate form is to be used for each course.

Mailing Address:  
P.O. Box 45005  
Newark NJ 07101  
(201) 504-6405

1. Name of Dentist and License Number
2. Title of Course, Instructor and Location      Date of Course
3. Was prior approval for the course obtained: Yes \_\_\_\_\_ No \_\_\_\_\_  
\*\* If the answer is NO, please explain the reason:
4. Name, address and phone number of the sponsoring organization and the name of the representative in charge of attendance.
5. Hours of course attendance
6. Attach a copy of all course/lecture handouts. Number of pages attached \_\_\_\_\_
7. Attach a copy of proof of payment for the course and any other proof of attendance. (e.g. cancelled check, copy of certificate, letter from sponsor)
8. Describe with some specificity one new diagnosis or treatment or product or material about which you learned at the course. (Use the back of this sheet.)

---

#### PROOF OF ATTENDANCE:

The undersigned hereby verifies that the above named dentist attended and successfully completed the course listed above.

---

Signature

---

Date

---

Title